# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

OFFICEHOLDER NAME Mr. William D Date Received  NICKNAME LAST SUFFIX  Floyd					<del></del>	
OFFICE HOLDER NAME  OFFICE HOLDER NAME  Mr. William D OFFICE HOLDER MILING ADDRESS PROBOX APT/SUTE I CITY STATE ZIPCODE OFFICEHOLDER MALING ADDRESS  Damage of address  AREA CODE PHONE NAMER OFFICEHOLDER NAME  AREA CODE PHONE NAMER OFFICEHOLDER NAME  AREA CODE PHONE NAMER OFFICEHOLDER NAME  MS JAMES JAR PRIST MY. Nicholas P NAME  ASSENDER NAME  NAME  NOWNAME  LAST SUFFIX  DEFINATE OFFICEHOLDER OTHER STATE OFFICEHOLDER NAME  AREA CODE PHONE NAMER  MY. Nicholas P NAME  ASSENDER NAME  AREA CODE ADDRESS (residence of business)  STREET ADDRESS (residence of business)  AREA CODE PHONE NAMER  THROUGH  10 Jamusty 15  SOUTH THROUGH  12 31 2014  THROUGH  TO STATE THROUGH  THROUGH  THROUGH  TO SOUTH THROUGH  THROUG	The C/OH Instruction (	Guide explains how to comp	plete this form.		2 Total pages f	iled:
NAME   Mr.   Milliam   D   Suffix   Suf	3 CANDIDATE /	MS/MRS/MR F	IRST	MI	OFFIC	E USE ONLY
A CANDIDATE / OFFICEHOLDER / OFFICEHOLDER / OFFICEHOLDER / OFFICEHOLDER / OFFICEHOLDER / AUSTIN, Texas 78704    Josephine Street Austin, Texas 78704				<i></i> <del>.</del>	Date Received	
OFFICEHOLDER ADDRESS  Other Date   Da			Floyd			
AUSTIN, Texas 78704    change of address   Average	•	,		STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER (512 ) 590-1470  Date Processed  PROME  PROME  PROME  NOWAMME  IST Laurent  DATE OFFICE  OFFICE PROME NUMBER  FRIEND  ANT REASURER ADDRESS (NO POBDAT PLEASE): APT/SUITE #, CITY. STATE: ZIP CODE  DATE OFFICE  OFFICE PROME NUMBER  FATENSION  OTHER STATE: ZIP CODE  DATE OFFICE  DATE OFFICE  OTHER STATE: ZIP CODE  THOUGH  PROME  PROME  APT SUITE / CITY  STATE: ZIP CODE  THOUGH  DATE OFFICE  DATE	ADDRESS	•				
OFFICEHOLDER PHONE  (512 ) 590-1470  GENERAL DESCRIPTION  COMPAIGN TREASURER NAME  Mr. Nicholas P NICKNAME  LAST LAURENT  COMPAIGN TREASURER ADDRESS (RESIdence or business) (residence or business) (residence or business)  REPORT TYPE  January 15  January 15  January 15  Street Address (NOPOBOX PLEASE): APT / SUITE #. CITY: STATE  AREA CODE PHONE NUMBER EXTENSION  ON  REPORT TYPE  January 15  January 15  January 15  Street Address (NOPOBOX PLEASE): APT / SUITE #. CITY: STATE  AREA CODE PHONE NUMBER EXTENSION  ON  Final report / Aleast COH - FR)  THOUGH  10 / 26 / 2014  THROUGH  THROUGH  12 / 31 / 2014  11 ELECTION  ELECTION NOTE Day Year THROUGH  13 OFFICE SOUGHT (#known)  Austin City Council District 5		AREA CODE PHONE N	UMBER	EXTENSION	Receipt #	AND IN
TREASURER NAME  NICHOLAS  Mr. Nicholas  P. NICHOLAS  LAST  LAURENT  TREASURER ADDRESS (NOPOBOXPLEASE): APT/SUTTE#, GTY: STATE  ADDRESS (residence or business)  STREET ADDRESS (NOPOBOXPLEASE): APT/SUTTE#, GTY: STATE  ADDRESS (residence or business)  AUSTIN, Texas 78701  STATE  ADPCODE  TO COUNTY  AUSTIN, Texas 78701  AREA CODE PHONE NUMBER (512) 495-6081  PROOF  TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION  STATE  ADPCODE  TO COUNTY	OFFICEHOLDER				Date Processed	
NAME  NONAME  Last Laurent  Taurent  TREASURER ADDRESS (residence or business)  REASOURES (residence or business)  REASOURER ADDRESS (residence or business)  REASOURER ADRESS (residence or business)  REASOURER ADDRESS (residence or business)  REASOURER ADRESS (residence or business)  REASOURER APT/SUITER, CITY STATE ZIPCODE ADRESS ADRESS (residence or business)  REASOURER AREA CODE ADRESS (residence or business)  REASOURER APT/SUITER ADRESS (residence or business)  REASOURER AREA CODE ADRES					Date Imaged	20
Taurent  Tau						
7 CAMPAIGN TREASURER ADDRESS (NOPOBOXPLEASE): APT/SUITE#, CITY: STATE ZIPCODE COTY CHEEN ADDRESS (residence or business)  8 CAMPAIGN TREASURER PHONE NUMBER (512) 495-6081  9 REPORT TYPE				SUFFIX		
AUSTIN, Texas 78701  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  July 15  8 th day before election  July 15  Bih day before election  Exceeded \$500  Final report (Atlach COH - FR)  THROUGH  10 PERIOD  COVERED  10 26 2014  THROUGH  11 ELECTION DATE  Day  Year  11 / 04 / 2014  12 OFFICE  OFFICE HELD (#any)  Austin City Council  District 5	7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE/	ASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	<u> </u>
Austin, Texas 78701  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  July 15  8th day before election  July 15  8th day before election  Exceeded \$500  Exceeded \$50		600 Congress A	ve., Suite	2100		ສາ <u>ଲ</u> ో≺
AREA CODE PHONE NUMBER (512 ) 495-6081  9 REPORT TYPE	L				,	
July 15	TREASURER			EXTENSION		10
July 15	9 REPORT TYPE	January 15 30	th day before election	Runoff	treasurer ap	pointment
THROUGH  10   26   2014  11 ELECTION    COVERED   12   31   2014    COVERED   13   14   15   15   15   15   15   15   15		July 15 8th	h day before election		· · · · · · · · · · · · · · · · · · ·	
10 / 26 / 2014  12 / 31 / 2014  11 ELECTION  Month Day Year Day Year 1 Primary Runoff XX General Special  11 / 04 / 2014  12 / 31 / 2014  13 OFFICE SOUGHT (if known)  Austin City Council District 5		Month Day Year		Month D	ay Year	
Month Day Year Primary Runoff XX General Special  11 / 04 / 2014  12 OFFICE  OFFICE HELD (if any)  Austin City Council District 5	COVERED	10 / 26 / 2014	THROUGH	12 /31	2014	
12 OFFICE OFFICE HELD (if any) Austin City Council District 5	11 ELECTION			Runoff	C General	Special
Austin City Council District 5		11/04/2014		•		
District 5	12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if k	nown)	
			·	Austin Cit	y Council	
GO TO PAGE 2				District 5		
			GOTOPAG	GE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Texas Ethics Commission

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME William D.	Floyd	1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	N/A	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
;		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 100.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,048.9		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 476.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$ N/A
18 AFFIDAVIT			
		· · · · · · · · · · · · · · · · · · ·	perjury, that the accompanying report information required to be reported by
***************************************	·	W W	<b></b>
AFFIX NOTARY STAM	ARA M. FOSKIT NOTARY PUBLIC COMMISSION EXPIRES: 07-07-2018	Signature of Cand	didate or Officeholder
Sworn to and sub-		me, by the said W-Dand Floyd	this the
De day	11 12 0 10	bur, 20 14, to certify which, witness m	Matua
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)	
William I	D. Floyd				
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
10/27/14	April Justice 6 Contributor address; City; State; Zip Code		\$100.00	description (if applicable)	
	6209 Highland Hills Dr.			<u>}</u> . 	
	Austin, Texas 78731	•	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
IT Direct	or	GM			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			•	
-			elf tours a stainta	of Toyon, complete Schodule T\	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
i i i i i i i i i i i i i i i i i i i			, , , , , , , , , , , , , , , , , , ,		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
- -	Contributor address; City; State; Zip Code			1	
				1	
				( Towns assessed to Cohorded T)	
D-ii1	notion / Johnsteile /Constantings)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See 1	national,		
Date	Full name of contributor	1	Amount of	In-kind contribution	
5610			contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	Callandard dadiese, City, Chile, Lip 2011				
				' 	
		<u>.</u>	(If travel outside	of Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		, , ,			
	Contributor address; City; State; Zip Code			l 1	
			/If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I	<del></del>	o. Taxaa, complete concount 1)	
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDULE	AS NEEDED		
lf c	contributor is out-of-state PAC, please see instr			requirements.	

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

	·			
	EXPENDITURE CATEG	ORIES FOR BOX 8(a	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/ Legal Services Solicitatic Food/Beverage Expense Travel In Polling Expense Travel O	Wages/Contract Labor on/Fundraising Expense	act Labor Loan Repayment/Reimbursement g Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	The Instruction Guide explains	how to complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Et	hics Commission Filers)
1	William D. Floyd			
4 Date 11/07/14	5 Payee name Gibson Bar			
6 Amount (\$)	7 Payee address; City; State; Zip (	Code		
\$115.50	1109 South Lamar Boule	vard, Austin,	TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Food/Beverage Expense	Elect	n (If travel outside of Texas, comion night pa:  Austin, TX, officeholder living	rty
				Office held
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	nt	Office field
Date	Payee name			-
11/07/14	Gibson Bar			
Amount (\$)	Payee address; City; State; Zip			
\$360.50	1109 South Lamar Boulev	vard, Austin,	TX 78704	···
PURPOSE	Category (See categories listed at the top of this schere Food/Beverage Expense	dule) Description	in (If travel outside of Texas, coming night par	plete Schedule T)
OF EXPENDITURE	LOOM Deverage Typemse	i	Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug		Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip (	Code		
PURPOSE	Category (See categories listed at the top of this sche-	dule) Description	1 (If travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE		Checkif	Austin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip (	Code		
PURPOSE . OF	Category (See categories listed at the top of this sche		n (If travel outside of Texas, con	
EXPENDITURE			Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug		Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED	

### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete of Complete only if "Report Type" on page 1 is marked	this form. "Final Report" ••
	2 ACCOUNT # (Ethics Commission Filers)
D. Floyd	
RE	
ct any further political contributions or political expenditures in connection with mal report terminates my campaign treasurer appointment. I also understand that campaign expenditures without a campaign treasurer appointment on file.  Sign	ny candidacy. I understand that designating a I may not accept any campaign contributions  nature of Candidate / Officeholder
HO IS NOT AN OFFICEHOLDER A & B below <i>only</i> if you are not an officeholder. ••	
MPAIGN FUNDS	
y one:	
not have unexpended contributions or unexpended interest or income earned from	om political contributions.
ve unexpended contributions or unexpended interest or income earned from politiconvert unexpended political contributions or unexpended interest or income early. I also understand that I must file an annual report of unexpended contribution tributions or unexpended interest or income earned on political contributions in ort. Further, I understand that I must dispose of unexpended political contributioned on political contributions in accordance with the requirements of Election Cod	rned on political contributions to personal ns and that I may not retain unexpended onger than six years after filing this final ions and unexpended interest or income
SETS	
y one:	
onot retain assets purchased with political contributions or interest or other incon	ne from political contributions.
retain assets purchased with political contributions or interest or other income from any not convert assets purchased with political contributions or interest or other inco.  I also understand that I must dispose of assets purchased with political contributions Code, § 254.204.	ome from political contributions to personal tions in accordance with the requirements
a	A STATE OF THE STA
	Signature of Candidate
OLDER e this section <i>only</i> if you are an officeholder ••	
n aware that I remain subject to filing requirements applicable to an officeholder who on also aware that I will be required to file reports of unexpended contributions if the beholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as an
·	Signature of Officeholder
	Ployd  RE  Cit any further political contributions or political expenditures in connection with mal report terminates my campaign treasurer appointment. I also understand that campaign expenditures without a campaign treasurer appointment on file.  RO IS NOT AN OFFICEHOLDER  A & B below anly if you are not an officeholder  MPAIGN FUNDS  yone:  Into have unexpended contributions or unexpended interest or income earned from politiconvert unexpended political contributions or unexpended interest or income ea.  I also understand that I must file an annual report of unexpended contributions or the stributions or unexpended political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions or unexpended political contributions or interest or other income to understand that I must dispose of assets purchased with political contributions or interest or other income to understand that I must dispose of assets purchased with political contributions or interest or other income to understand that I must dispose of assets purchased with political contributions or interest or other income to understand that I must dispose of assets purchased with political contributions or interest or other income to understand that I will be required to file reports of unexpended contributions in the section only if you are an officeholder  In aware that I remain subject to filing requirements applicable to an officehold